



NEW PREMISES LICENCE APPLICATION FORM

Application for a premises licence to be granted
under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
You may wish to keep a copy of the completed form for your records.

We MR. DIP A MEGGI GIVANE & MISS ANA GIVANE

.....apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and We are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description	
234 EALING ROAD, WEMBLEY, MIDDLESEX HA0 4QL	
Post town WEMBLEY	Post code HA0 4QL

Telephone number of premises (if any)

07735454663

Non-domestic rateable value of premises

£25,000

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick ✓ Yes

- a) An individual or individuals* please complete section (A)
- b) a person other than an individual* please complete section (B)
- i. as a limited company/limited liability partnership please complete section (B)
- ii. as a partnership (other than limited liability) please complete section (B)
- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick ✓ Yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
- o Statutory function or
- o A function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname

First names

GIVANE

DIPA MEGGI

Date of Birth

I am 18 years old or over (Please tick yes)

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname: First names:

Date of Birth	<input type="text" value=""/>	I am 18 years old or over <input checked="" type="checkbox"/> (Please tick yes)
Nationality	<input type="text" value=""/>	

Current postal address if different from premises address:

Post Town: Postcode:

Daytime contact telephone number:

E-mail address (optional):

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	8	1	2	2	0	1	7

If you wish the licence to be valid only for a limited period, when do you want it to end?

--	--	--	--	--	--	--	--

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

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Please give a general description of the premises (please read guidance note 1)

THE PREMISES IS A SHOP ON EALING ROAD, WEMBLEY, HA0 4QL.
THE SHOP IS A GENERAL A1 SHOP SELLING FOOD & DRINK PRODUCTS ON THE FRONT PART. MIDDELE PART IS USED AS AN ADMINISTRATION/OFFICE AREA.
REMAINING PART IS A STORAGE AND KITCHEN.

ALCHOHOL SELLING WILL BE WITH IN THE SHOP PREMISES WHERE INDIVIDUAL LICENSE HOLDER WILL BE RESPOCIBLE FOR THE SELLING OF AN ALCHOHOL.
REAR STORAGE WILL BE SECURED AND USED TO STORE ALCHOHOL.

PLANS AND DRAWINGS MARKED WITH THE AREA FOR SELLING OF AN ALCHOHOL.

Please tick ✓ Yes

What licensable activities do you intend to carry on from the premises?
 (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

Sale of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick [✓] (please read guidance note 3).	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the performance of films take place indoors or outdoors or both – please tick [✓] (please read guidance note 3).	Indoors
				Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Thur				
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 6)	
Sat				
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)	
Day	Start	Finish		
Mon			State any seasonal variations for indoor sporting events (please read guidance note 5)	
Tue				
Wed				
Thur			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 6)	
Fri				
Sat				
Sun				

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)</u></p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here (please read guidance note 4)</u></p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</u></p>		
Fri					
Sat			<p><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 6)</u></p>		
Sun					

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (please read guidance note 3).	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 4)			
Tue						
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur						
Fri				Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 6)		
Sat						
Sun						

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 8)	On the premises		
Day	Start	Finish		Off the premises	X	
Mon	06:30	23:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)			
Tue	06:30	23:00				
Wed	06:30	23:00		Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		
Thur	06:30	23:00				
Fri	06:30	23:00				
Sat	06:30	23:00				
Sun	06:30	23:00				

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name...ANA GIVANE.....

Date of Birth... [REDACTED]

Address... [REDACTED]

Postcode.. [REDACTED]

Personal Licence number(if known) Qualification Accreditation [REDACTED]

Issuing licensing authority (if known)....Ofqual...(BIAB).....

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9)

SELLING OF AN ALCHOHOL

L

Hours premises are open to the public
Standard days and timings
(please read guidance note 7)

Day	Start	Finish
Mon	06:30	23:00
Tue	06:30	23:00
Wed	06:30	23:00
Thur	06:30	23:00
Fri	06:30	23:00
Sat	06:30	23:00
Sun	06:30	23:00

State any seasonal variation (please read guidance note 5)

Non-standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6)

M Describe the steps you intend to take to promote the four licensing objectives:

a) **General – all four licensing objectives (b, c, d, e) (please read guidance note 10)**

Proper management with site safety, strong metal roller shutter and secured alcohol storage can prevent occurrence of crime. Strong management controls and effective training of staff so that they are aware of the premises licence and the requirements to meet the four licensing objectives with particular attention.
As a licensed premises we know that it is necessary to carry out our functions with a purpose of promoting these objectives. We promise to support these objectives through their operating schedules and other measures (including staff training and qualifications, policies, and strategic partnerships with other agencies).

b) **The prevention of crime and disorder**

CCTV System will be installed to monitor entrances, exits, and other parts of the premises in order to address the prevention of crime objective. A clear and legible notice outside the premises indicating the normal hours under the terms of the premises licence during which licensable activities are permitted. Clear and conspicuous notices warning of potential criminal activity, such as theft, that may target customers will be displayed. Not selling of alcohol to drunk or intoxicated customers. Custom will not be sought by means of personal solicitation outside or in the vicinity of the premises. Prevention and vigilance in illegal drug use at the retail unit area. Staff will be well trained in asking customers to use premises in an orderly and respectful manner and prevent drinking alcohol at the retail unit.

c) **Public safety**

Internal and external lighting fixed to promote the public safety objective. Training and implementation of underage ID checks. The log book shall be kept available for inspection when required by persons authorised by the Licensing Act 2003 or associated legislation. All parts of the premises and all fittings and apparatus therein, door fastenings and notices, lighting, electrical and other installations, will be maintained at all times in good order and in a safe condition.

d) **The prevention of public nuisance**

Prominent, clear and legible notices will be displayed at the exit requesting the public passerby and also nearby residents and to leave the premises and the area quietly. Deliveries of goods necessary for the operation of the business will be carried out at such a time or in such a manner as to prevent nuisance and disturbance to nearby residents. Customers will not be admitted to premises above opening hours. Any lighting on or outside the premises will be positioned and screened in such a way so as to not cause a disturbance to nearby residents.

e) **The protection of children from harm**

"Challenge 25" sign which is a retailing strategy that encourages anyone who is over 18 but looks under 25 to carry acceptable ID (a card bearing the PASS hologram, a photographic driving license or a passport) if they wish to buy alcohol. All the details provided in Training Record Book available the retail unit. Log Book will be kept upon the premises all the time. Nothing belong existing Health & Safety requirements

Checklist

Please tick ✓ Yes

- I have made or enclosed payment of the fee (£190 fees will be paid today over the phone by card)
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected
- (Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships) I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Declaration

- (Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership) I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).
- The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)

Signature ... *Dipa Meggi Givane & Ana Givane*

Date *09/11/2017*

Capacity ... *Applicants*



Checklist

Please tick ✓ Yes

- I have made or enclosed payment of the fee (£190 fees will be paid today over the phone by card)
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Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent. (Please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Declaration

- (Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership) I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).
- The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)

Signature Dipa Meggi Givane.....

Date 09/11/2017.....

Capacity First Applicant.....

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (Please read guidance note 13) If signing on behalf of the applicant please state in what capacity.

Signature *Hemal Varsani*.....

Date *09/11/2017*.....

Capacity *Agent*.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)	
MR. HEMAL VARSANI [REDACTED]	
Post town [REDACTED]	Post code [REDACTED]
Telephone number [REDACTED]	
E-mail address (optional) [REDACTED]	